

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 261-7083  
**Phone #:** (608) 266-2112

**Ship To:** 1400 E. Washington Avenue  
Madison, WI 53703  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## NURSING HOME ADMINISTRATOR EXAMINING BOARD

### INFORMATION FOR COMPLETING NURSING HOME ADMINISTRATOR APPLICATION

#### **AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:**

1. **Application for Nursing Home Administrator License (Form #418)**
2. **Credentialing Fee** - Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.
3. **Examinations** – Passed both the national (NAB) and Wisconsin state law examinations. To apply for these examinations, see Application for Examination (**Form #1573**).
4. **Education** – Submit verification of education completion. An official transcript or certificate of completion must be submitted from the school where training was completed.
5. **Verification of Experience in the Field of Institutional Administration (Form #71) (if applicable)** – If the applicant has not completed a regular course of study, submit evidence of successful completion of one year of experience in the field of institutional administration. To be completed by supervisor at the facility you were/are employed.

#### **To Apply for Licensure by Reciprocity:**

1. **Application for Nursing Home Administrator License (Form #418)** – Prior to applying for licensure, applicant must have passed the Wisconsin State Law Exam. To apply for the examination, see Application for Examination (**Form #1573**).
2. **Credentialing Fee** – Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.
3. **Verification of Licensure (Form #419)** – Must be completed by each state licensing Board or agency in which you hold a credential. A photocopy of the credential is not acceptable.
4. **Reciprocity Experience Record (Form #2470)** – Submit evidence of having practiced as a Nursing Home Administrator for at least 2,000 hours in any consecutive 3-year period within the 5-year period immediately preceding the date of application.
5. **Official Transcripts** – An official transcript must be submitted with your application to verify your bachelor's degree in any field that was obtained from an accredited college or university. If you have not received a Bachelor's degree, you will then need to submit a current certification as a Nursing Home Administrator granted by the American College of Health Care Administrators.

**Experience:** An applicant for the examination is not required to have completed the education or experience requirement prior to taking the examinations. Upon passing the required examinations, an applicant must complete the following experience requirement according to the type of education completed:

#### **Wis. Admin. Code § NHA 3.01 requires completion of one of the following academic programs:**

1. **Regular Course of Study:** A successful completion of a supervised clinical practicum, which means work experience acquired in a nursing home in conjunction with the approved program as defined in Wis. Admin. Code § NHA 1.02(9).
2. **Program of Study:** Successful completion of one year of experience in the field of institutional administration as defined in Wis. Admin. Code § NHA 1.02(1).
3. **Specialized Course:** Successful completion of one year of experience in the field of institutional administration as defined in Wis. Admin. Code § NHA 1.02(1).

# Wisconsin Department of Safety and Professional Services

**Approved Courses of Study:** Wis. Admin. Code § NHA 3.01 requires all regular courses of study, programs of study, and specialized courses be approved by the Board. Courses are approved only on the basis that they meet the requirement as specified in Wis. Stats. § 456.04(4). Courses and programs other than those listed will be considered based on information submitted by the applicant. This information should include course or program content and description as provided by the school or educational agency.

## 1. Regular Course of Study: (the following courses have been approved by the Board)

**Concordia University-Wisconsin, Bachelor of Arts Degree in Health Care Administration** 12800 N. Lake Shore Drive, Mequon, WI 53092-7699: (414) 243-5700

**St. Joseph's College, Long-Term Care Administration** P.O. Box 1198, North Windham, ME 04062-1198: (800) 343-5498

**Southern College of Seventh-Day Adventists, Bachelor of Science Degree in Long-Term Health Care Administration**  
P.O. Box 370, Collegedale, TN 37315-0370: (615) 238-2754

**Southwest Texas State University, Bachelor of Science in Health Professions, Major: Long-Term Health Care Administration**  
601 University Dr., San Marcos, TX 78666: (512) 245-3556

**Suny Institute of Technology, Bachelor of Professional Studies and Bachelor of Science in Health Service Management, Nursing Home Administration Track** P.O. Box 3050, Utica, NY 13504-3050: (315) 792-7429

**University of Wisconsin-Eau Claire, NHA Baccalaureate Program** 105 Garfield Ave., Eau Claire, WI 54701: (715) 836-2628

**University of Minnesota, LTC Program** Center for LTC Administration Education, C309 Mayo Memorial Bldg., P.O. Box 907, 420 Delaware St., S.E., Minneapolis, MN 55455: (612) 624-5159

**University of Scranton, Health Administration, Concentration in Long-Term Care Administration** Department of Human Resources, 800 Linden Street, Scranton, PA 18510-4597: (717) 941-4350

**Viterbo College, Bachelor of Business Administration with Specialization in Health Care Administration** 815 South 9th Street, La Crosse, WI 54601

**Xavier University, Graduate Program in Hospital and Health Administration declaring nine (9) hours of concentration in Gerontology** 3800 Victory Pkwy., Cincinnati, OH 45207: (513) 745-3392

## 2. Specialized Courses: (the following courses have been approved by the Board)

**University of Wisconsin-Eau Claire, Health and Aging Services Administration (HASA) Certificate** 105 Garfield Ave, P.O. Box 4004 Eau Claire, WI 54702-4004: (715) 836-3636 (No longer being offered.)

**University of Wisconsin-Madison Extension, NHA Long-Term Care** 21 N. Park Street, 7<sup>th</sup> Floor, Madison, WI 53715: (608) 262-1156

**Ohio State University, NHA Core of Knowledge Course, College of Business, Executive Education** 941 Chatham Lane, Columbus, OH 43221: (614) 442-1316

**St. Mary's College, MA in Human and Health Services Administration** Minneapolis Graduate Center, 2510 Park Ave., S., Minneapolis, MN 55404: (612) 874-9877

**St. Joseph's College, General Health Care Administration** P.O. Box 1198, North Windham, ME 04062-1198: (800) 343-5498  
(Candidates completing this program are also required to complete an additional course in long-term patient care.)

**University of North Carolina, Long -Term Care Administration LTCE #201 and LTCE #202** 706 Greenwood Rd., Chapel Hill, NC 27514: (919) 929-4454

## 3. Program of Study:

**To satisfy the educational requirement under a Program of Study, a student must complete all of the following courses:**

- |              |  |
|--------------|--|
| a. OAD 46364 | Comprehensive Long-Term Health Care (4 credits)  |
| b. HUS 30154 | Issues in Gerontology (4 credits)                |
| c. OAD 46164 | Long-Term Care Policy and Regulation (4 credits) |
| d. OAD 37064 | Long-Term Care Administration (4 credits)        |

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## NURSING HOME ADMINISTRATOR EXAMINING BOARD

### APPLICATION FOR NURSING HOME ADMINISTRATOR LICENSE

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

<b>PLEASE TYPE OR PRINT IN INK</b>				<input type="checkbox"/> Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).
<b>Last Name</b> <input type="text"/>	<b>First Name</b> <input type="text"/>	<b>MI</b> <input type="text"/>	<b>Former / Maiden Name(s)</b> <input type="text"/>	
<b>Address</b> (street, city, state, zip) <input type="text"/>			<b>Daytime Telephone Number</b> <input type="text"/> - <input type="text"/> - <input type="text"/>	
<b>Mailing Address</b> (if different) <input type="text"/>			<b>Date of Birth</b> <input type="text"/> / <input type="text"/> / <input type="text"/>	
<b>Social Security #</b> <input type="text"/> - <input type="text"/> - <input type="text"/>		Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.		
Ethnicity/gender status information is optional. <b>Ethnicity:</b> <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other <b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F				
<b>Have you ever been licensed in Wisconsin as a Nursing Home Administrator?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your credential number: <input type="text"/>				
<b>Email Address</b> <input type="text"/>				
<b>Qualifications:</b> (check <u>one</u> box indicating how you qualify) <input type="checkbox"/> Passed the National Association of Boards of Examiners for Nursing Home Administration (NAB) and State Rules Examinations in Wisconsin. <input type="checkbox"/> Reciprocity				
			<b>State</b> <input type="text"/>	<b>Date of exam</b> <input type="text"/> / <input type="text"/> / <input type="text"/>
			<b>State</b> <input type="text"/>	<b>Date of exam</b> <input type="text"/> / <input type="text"/> / <input type="text"/>

**APPLICATION FEES:** Please check applicable box. Make check payable to DSPS and attach to this application.

- ☐ **I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)
- ☐ **\$ 75.00 Initial Credential Total Fee Attached**
- ☐ **\$170.00 Reciprocal Credential Total Fee Attached**

**For Receiving Use Only (65)**

# Wisconsin Department of Safety and Professional Services

**ARE YOU A VETERAN?** If yes, please view the Department website at <http://dsps.wi.gov> under “License, Permits, and Registrations” and select “Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses” for eligibility requirements.

**If you qualify, are you requesting a waiver of your initial credentialing fee?** ☐ Yes ☐ No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

**If you qualify, are you requesting equivalency of your Military Training and experience?** ☐ Yes ☐ No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

**If you qualify, are you requesting Temporary Spousal Reciprocal License?** ☐ Yes ☐ No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

**You may contact the DVA at 1-800-WisVets or [www.WISVET.com](http://www.WISVET.com) for assistance in obtaining your DVA Voucher Code and/or documents related to your training.**

**CONTINUING EDUCATION AND RENEWAL REQUIREMENTS:** Please view the Department website at <http://dsps.wi.gov> and select the “Professional Credential Renewal Information.”

## **ANSWER THE FOLLOWING QUESTIONS** (attach additional sheet(s) if necessary)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? <b>If yes, give details on an attached sheet, including the name of the profession and the agency.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? <b>If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against you in any jurisdiction? <b>If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict. <b>If yes, submit Convictions and Pending Charges (Form #2252).</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you incarcerated, on probation, or on parole for any conviction? <b>If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you ever failed to pass any state board examination, or national board examination? If yes, give details on an attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are you registered or licensed in any other profession(s)? <b>If yes, state what profession(s) and in what state(s):</b> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you ever been credentialed under any other name(s)? <b>If yes, state name(s) credentialed under:</b> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

# Wisconsin Department of Safety and Professional Services

## **CERTIFICATION OF LEGAL STATUS:**

I declare under penalty of law that I am (check one):

- ☐ A citizen or national of the United States, or
- ☐ A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

## **CONTINUING DUTY OF DISCLOSURE**

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

## **AFFIDAVIT OF APPLICANT**

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature:  Date:  /  /